supplemental priority data sheet PTO/SB/02B attached hereto.

D	ECLARATI	ON FOR U	FILITY	Attorne	y Docke	t Number 1	1983.0074		
	TO A CONTINUE	DESIGN T APPLICA	TION	First N	amed Inventor R		Robert B. Drzewie	cki et al.	
		7 CFR 1.63)		AME O 9 JULY	COMPLETE IF KNOWN				
	·		,	ATENT SCIENT	Application Number		nber (09/834,7/3	
	Declaration Submitted C		Declarati		Filing l	Date	A	April 13, 2001	
with	Initial		Filing (su	ırcharge	Group	Art Unit			
Filin	g 		required)		Examir	ner Name			
As a below n	amed inventor	, I hereby decl	are that:						
My residence	, post office add	dress, and citize	enship are	e as stated below no	ext to my	name.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
Device And Method Of Interfacing Voice Data Between A Switch And A Computer System									
the specification of which (Title of the Invention) is attached hereto OR									
was filed on (MM/DD/YYYY) 04/13/01 as United States Application Number or PCT International									
Application Number 09/834,713 and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
	or Foreign Application (Numbers) Country		у	Foreign Filing (MM/DD/YY				Certified Copy YES	Attached? NO
									000
□ Addi	☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Filing Date (MM/DD/YYYY)									
								ditional provisionants nbers are listed on	

DECLARATION - Utility or Design Fatent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

										onal filing date of t		
U.S. Parent Application or PCT Parent E					610	Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)			
				WE DE STATE	S COLO							
Additional U.S. or PCT international application for the listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:												
Customer France								ace Customer				
OR Registered practitioner's name/registration number listed below Number Bar Code Label Here												
	Name			Registra Numb		Name				Registration Number		
R. Kent Roberts Ranjana Kadle John M. Del Vecchio Kevin D. McCarthy David L. Principe				40,786 40,041 42,475 35,278 39,336		Mic Pat Dan	rtin G. Linihan chael F. Scalise trick J. Tracy niel C. Oliverio win T. Bean, Jr.			34,92 42,18 33,43	24,926 34,920 42,187 33,435 16,639	
□Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto												
Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☐ Correspondence address below								ess below				
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Address	Hodgson Russ LLP LLP											
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City	Buffalo				State	1	New York ZIP		IP	14203-2391		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of S	ole or First	Inventor:			☐ A pet	ition h	as been filed	for this u	nsigned	inventor		
Given Name (first and middle [if any])						Family Name or Surname						
Robert B.						Drzewiecki						
Inventor's Signature			Shirt	_1					Date	5/2/01		
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Post Offic	e Address	8201 Ol	d Post Ro	ad E.								
City		East An	nherst	State	New Y	ork	ZIP	14051	14051 . (United States	
■ Addition	nal inventors	are being	named on	the one supp	olemental A	Additio	nal Inventor((s) sheet(s)	PTO/S	B/02A attached	l hereto.	

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Jo	int Inventor, if any:	_	(☐ A pet	ition has bee	n filed for this u	nsigned invento	<u>r</u>			
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Given Name (first and middle [if any])					Family Name or Surname						
								,			
Inventor's Signature							Date				
Residence: City	Residence: City State				Country		Citizenship				
Post Office Address											
Post Office Address		***									
City		State			ZIP		Country				
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any])					Family Name or Surname						
Inventor's Signature	Date										
Residence: City		State		Country			Citizenship	•			
Post Office Address											
Post Office Address											
City		State			ZIP		Country				

